

Claim Form for Pet Travel Insurance

For official use only

PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM. PLEASE COMPLETE A SEPARATE FORM FOR EACH PET

We're happy to help!
If you have any questions call us on
0345 070 3429

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

1. Policyholder to complete POLICY NUMBER

| | | | | | | | | | | | | | |
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2. Policyholder to complete ABOUT YOUR CLAIM

| Under which section(s) are you claiming | Please Tick | About The Form |
|---|--------------------------|---|
| Emergency vet fees | <input type="checkbox"/> | Complete Sections 1 3 4 5 6 7 & 12 |
| Emergency repatriation | <input type="checkbox"/> | Complete Sections 1 3 4 5 7 8 & 12 |
| Advertising and reward | <input type="checkbox"/> | Complete Sections 1 3 4 5 9 & 12 |
| Quarantine or loss of documents | <input type="checkbox"/> | Complete Sections 1 3 4 5 10 & 12 |
| Third party liability | <input type="checkbox"/> | Complete Sections 1 3 4 5 11 & 12 |

3. Policyholder to complete ABOUT YOU

Policyholder's name _____

Daytime telephone no _____

Email address _____

Policyholder's address _____

Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance

Details of any other travel insurance

Policy number _____

Company name _____

Address _____

Postcode _____

4. Policyholder to complete ABOUT YOUR PET

Pet's name _____

Pedigree name _____

Is your pet a Dog Cat

Breed _____

Pet's date of birth / / Male Female

PETS certificate number _____

Microchip number _____

Name of UK veterinary surgery where your pet is registered _____

Address _____

Postcode _____

5. Policyholder to complete ABOUT YOUR JOURNEY

Dates of travel from / / to / /

Countries visited _____

Please attach copy of booking invoice or other relevant documents

MISSING DOCUMENTS WILL DELAY YOUR CLAIM. IF YOU ARE UNABLE TO SEND ANY OF THESE DOCUMENTS PLEASE TELL US WHY ON A SEPARATE SHEET OF PAPER

6. Policyholder to complete

EMERGENCY VET FEES

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with the veterinary practice. Your claim will be delayed if these are incomplete.

Date / /

What were the signs of illness or injury

Multiple horizontal lines for text input.

Has your pet shown the same or similar signs before? Yes No

If Yes, when / /

Name of veterinary practice that treated your pet

Address

Postcode

Telephone number

What diagnosis did the vet make? Multiple horizontal lines for text input.

What treatment did the vet recommend? Multiple horizontal lines for text input.

Give details of the treatment received Multiple horizontal lines for text input.

Total amount claimed

Currency

Please attach copies of all receipts

7. Policyholder to complete

ABOUT THE DEATH OF YOUR PET - EMERGENCY REPATRIATION

On what date did your pet die? / /

Currency

What was the cost of returning your pet's body home or the cost of disposal?

Please attach copies of all receipts

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION

Why was your pet unable to travel?

Multiple horizontal lines for text input.

Multiple horizontal lines for text input.

What date were you advised the pet could not travel? / /

Please attach copies of your booking invoice and cancellation invoice

FOR YOUR VET TO FILL IN

Illness or injury

Multiple horizontal lines for text input.

Date first clinical signs were noticed / /

How has the injury or illness prevented the pet from travelling?

Multiple horizontal lines for text input.

What date was your client advised the pet could not travel? / /

Signature X Date / /

Practice stamp

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION CONT.

If you had to cut short your trip, why couldn't the pet travel home at the scheduled journey time?

Give details of travel expenses unused

Amount claimed _____
Currency _____

Give details of accommodation expenses unused

Amount claimed _____

Currency _____

Give details of additional travel expenses incurred

Amount claimed _____

Currency _____

Give details of additional accommodation expenses incurred

from / / to / /

Amount claimed _____

Currency _____

Please attach copies of your booking invoice, cancellation invoice and receipts for your extra travelling expenses

9. Policyholder to complete

LOSS OF PET - ADVERTISING & REWARD

When did you first notice the animal was missing?

Date / /

Time _____

Place _____

Where and when was the animal last seen?

Date / /

Time _____

Place _____

If the animal was recovered please state

Date / /

Time _____

Place _____

Please advise circumstances of loss

Please give details of the police/vet/carrier to whom the loss was reported

Name _____

Address _____

Postcode

Did you make enquiries or advertise for information? Yes [] No []

If yes, please give full details and attach receipts

Amount _____

Currency _____

Did you pay a reward? Yes [] No []

Amount _____

Currency _____

Please attach (a) receipts to support advertising expenses (b) receipts including name, address and telephone number of recipient to support a claim for reward and (c) written confirmation of loss by the police, vet or carrier.

10. Policyholder to complete

QUARANTINE - LOSS OF DOCUMENTATION

Why was your pet not allowed back into the UK?

Please give details of the type of microchip carried by your pet

10. Policyholder to complete

QUARANTINE - LOSS OF DOCUMENTATION CONT.

Please give the name and address of the quarantine establishment

Name _____

Address _____

Postcode _____

How long was your pet in quarantine? _____

Give details of the costs of quarantine _____

Amount claimed _____

Which documents did you lose to prevent your scheduled return home? _____

Please give details of the police/vet/carrier to whom the loss was reported

Name _____

Address _____

Postcode _____

Date reported / / _____

When were they lost / / _____

What did you have to do to get duplicate documents _____

Give details of costs in obtaining replacement documents

Amount _____

Currency _____

What was your scheduled date to return home? / / _____

What was your method of returning? _____

How did you eventually return home? _____

When did you eventually return home? / / _____

Give details of travel expenses _____

Amount claimed _____

Currency _____

Give details of accommodation expenses _____

from / / to / / _____

Amount claimed _____

Currency _____

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY

Date of incident / / _____

Time of incident _____

Location _____

Please explain how the incident happened and who or what you think was responsible

Was your pet on a lead? Yes No

Describe your pet's usual nature _____

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

Has your pet behaved or reacted this way before? Yes No

If yes, please give details

Who was in charge of your pet at the time of the incident?

Address

Postcode

Age

Relationship to you

Fight injuries: Name of other animal's owner

Address

Postcode

Other animal's name

Breed

Age

Was other animal on a lead? Yes No

How does your pet normally react to this sort of animal?

Witnesses: Please give the names, addresses and occupations of any witnesses

Witness 1 name

Address

Postcode

Occupation

Witness 2 name

Address

Postcode

Occupation

Personal injuries: Name and address of injured person

Name

Address

Postcode

Occupation

Employers name and address (if known)

Name

Address

Postcode

Describe the nature and extent of injuries

Did a doctor, paramedic or first aider treat the injured person at the scene of the incident? Yes No

If taken to hospital, state the name and address of the hospital

Name

Address

Postcode

How much contact had the injured person had with your pet prior to the incident?

Motor vehicle damage: Name and address of owner

Name

Address

Postcode

11. Policyholder to complete**THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.**

Make of vehicle _____

Model _____

Registration _____

Drivers name _____

Address _____

Postcode _____

Name of insurance company of damaged vehicle _____

Address _____

Postcode _____

Describe the damage to the vehicle _____

What were the road/weather conditions at the time of the incident? _____

How good was visibility? _____

How wide was this stretch of road? _____

What speed limit applies to the road where the incident happened? _____

Property damage: Name and address of property owner _____

Name _____

Address _____

Postcode _____

What is the age of the damaged property? _____

What is the value of the damaged property? _____

Please describe the property and the damage to it _____

Police details:Were the police involved or have they been told about the incident? Yes No

Police Station name _____

Police Station address _____

Postcode _____

Police officer's number _____

Police reference _____

Have you received any claim in writing about this incident? Yes No If yes, please attach all documents. **YOU MUST NOT ANSWER ANY OF THESE**

Please give details of all your previous third party liability claims _____

Attach all correspondence: writs, summons, legal documents, booking invoice and any photographs**12. Policyholder to complete****DECLARATION**

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.

Signature 
Date / /

Please state the number of documents enclosed including this form.

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- Please use a separate claim form for each pet.

- Please send completed forms, including copies of all receipts to: Animalcare Options Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Animalcare Options Insurance from Animalcare Ltd, is sold, underwritten and administered by Allianz Insurance plc (Registered in England No. 846380). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB.

Animalcare Ltd is an Appointed Representative of Allianz Insurance plc which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Animalcare Ltd is not part of the Allianz (UK) Group.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER